	19-7690693161						
JCC FINANCING STATEMENT OLLOW INSTRUCTIONS		01/07/2019 12:41					
A. NAME & PHONE OF CONTACT AT FILER (optional) Tawkir Chowdhury (2	212) 379-8179			FILED			
e. E. MAIL CONTACT AT FILER (optional) tchowdhury@cov.com		SOS		CALIFORNIA SECRETARY OF STA	'E		
CT Fulfillment 555 Capitol Mall, Suite 1000 Sacramento, CA 95814 5 1.02024428/18	7	7587 <u>9</u>	52001	3 ucc 1 Filing			
L8034428/18 Account: 60574850	]	THE ABOVE SPA	CE (S FO	R FILING OFFICE USE	NI Y		
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact name will not fit in line 1b, leave all of item 1 blank, check here and pro			he Debtor	's name); if any part of the in	dividual Debtor's		
Dream Center Argosy University of Calif	ornia, LLC						
TIS. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX		
e. MAILING ADDRESS 01 S. Lewis Street	Orange		STATE	POSTAL CODE 92868	COUNTRY		
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact	<u> </u>	entifu or abbrariate any mass of t					
		information in Item 10 of the Fir					
2a. ORGANIZATION'S NAME					· · · · · · · · · · · · · · · · · · ·		
R 26. INDIVIDUAL'S SURNAME	FIRST PERSONAL	FIRST PERSONAL NAME		NAL NAME(SYINITIAL(S)	SUFFIX		
, MAILING ADORESS	CITY		STATE	POSTAL CODE	COUNTRY		
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR S	SECURED PARTY): Provi	ide only <u>one</u> Secured Party name	(3a or 3b	<u> </u>			
Studio Enterprise Manager, LLC							
R 36, INDIVIDUAL'S SURNAME	FIRST PERSONAL	. NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX		
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY		
201 West 5th Street, Ste. F10	Los Angel	es	CA	90017	USA		
COLLATERAL: This financing statement covers the following collateral: All of Debtor's assets of or with respect to:							
The Art Institute of California - San Diego,	a campus of Ar	gosy University					
All accounts receivable of Debtor of or with	•	F Armont Tinixonoiti					
<ol> <li>The Art Institute of California - Hollywoo</li> <li>The Art Institute of California - Inland En</li> </ol>	-		-	AI.e	EXHIBIT		
3. The Art Institute of California - Orange C		- ·	-	LEG.			
4. The Art Institute of California - Sacramen				TATE	D		
5. The Art Institute of California - San France	cisco, a campus	s of Argosy Univer	sity	ALL-STATE LEGAL®			
Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a T Check <u>only</u> if applicable and check <u>only</u> one box:	Trust (see UCC1Ad, item 1			red by a Decedent's Persona applicable and check only o			
Public-Finance Transaction Manufactured-Home Transaction	A Deblor is a	Transmitting Utility		urai Lien Non-UCC			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
ALTERNATIVE DESIGNATION (# applicable): Lessee/Lessor OPTIONAL FILER REFERENCE DATA:	Consignee/Consigno	r Seller/Buyer	Bai	lee/Ballor Licen	see/Licensor		

			2	2019-000-1936-9			
JCC FINANCING STATEMENT OLLOW INSTRUCTIONS		ARIZONA SECRETARY OF STAT					
A NAME & PHONE OF CONTACT AT FILER (optional)  Tawkir Chowdhury	(212) 379-8179		C	1/07/19 FILE			
B. E-MAIL CONTACT AT PILER (optional) tehowdhury@cov.com							
C. SEND ACKNOWLEDGMENT TO: (Name and Address)							
CT Corporation 4400 Easton Commons Way, Suite 12 Columbus, Ohio 43219	5						
		THE ABOV	E SPACE IS FO	OR FILING OFFICE L	SE ONLY		
DEBTOR'S NAME: Provide only page Debtar name (1s or 1b) (uname will not fit in line 1b, leave all of age of black shock here.	se exact, full name, do not omit, n and provide the Individual Debtor	odity, or abbreviate any	part of the Debto	's name); if any part of t	he Individual De		
Dream Center Education Holdings, L	<del></del>						
TIS. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	hal name(s)/initial(	S) SUFFIX		
MAILING ADDRESS 135 E. Camelback Rd., Ste F 240	Scottsdale	oddiaraihteepäädedouteerijaahyoutuvureelemanaaluuvureelemanaaluuvureelemanaaluuvureelemanaaluuvureelemanaaluuv	STATE AZ	POSTAL CODE 85251	COUNT US/		
DEBTOR'S NAME: Provide only page Debtor name (2s or 2b) (w	sel exact, full name; do not ome, n	noddy, or abbreviale any	part of the Debto	's name), if any past of t	he Individual De		
name will not fil in line 2b, leave all of item 2 blank, check here 2  2a: ORGANIZATION'S NAME	and provide the individual Debtor	ardomiation in item 10 i	of the Financing St	atoment Addendum (Fo	m UCC1Ad)		
26 INDIVIDUAL'S SURNAME	- JERST PERSONAL	NAME	ADDITIO	HAL NAME(SYINITIAL(	5) SUFFIX		
MALINGADORESS			STATE	POSTAL CODE	COUNT		
			377.11	TOSTAL LOGG.	COON		
SECURED PARTY'S NAME (or NAME OF ASSIGNEE OF ASSI [36] ORGANIZATION'S NAME	GNOR SECURED PARTYS Provi	de only grie Secured Pa	vty name (3a or 3i	)	***************************************		
Studio Enterprise Manager, LLC							
THOMIDUAL'S SURMANE	FIRST PERSONAL	NAME	ADDITIO	HAL NAME(SYINITIAL(	) SUFFIX		
MAILING ADDRESS	ary		STATE	POSTAL CODE	COUNT		
01 West 5th Street, Ste. F10	Los Angel	es	CA	90017	USA		
All of Debtor's assets of or with respect 1. The Art Institute of California - San I 2. The Art Institute of Seattle, LLC	to:	Argosy Unive	ersity				
All accounts receivable of Debtor of or 1. The Art Institute of California - Holly		A January Tinto					
2. The Art Institute of California - Inlan							
3. The Art Institute of California - Oran							
4. The Art Institute of California - Sacra							
5. The Art Institute of California - San I		the state of the s	and the second second				
Check only if applicable and check only one box: Collateral ishe	ki in a Trust (see UCC1Ait, item 1	7 and Instructions)	being administe	rod by a Decedent's Per	sonal Represer		
Check ggly if applicable and check ggly one box:	Patrice		6b. Check ggly	applicable and chack o	Oly one box		
Public-Finance Transaction Manufactured-Home Tran		Transmitting Utlify	- Line -		ICC Filing		
ALTERNATIVE DESIGNATION (if applicable): Lesses/Lessor	Consignee/Consignor	Selier/Bu)		loe/Balker L	kensee/Licans		

International Association of Commercial Administrators (IACA)